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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	5135 US
First Inventor	DIMSOSKI et al.
Title	NOVEL METHOD FOR ISOLATING SINGLE STRANDED PRODUCT
Express Mail Label No.	EV 320 407 349 US

 PTO
U.S.
10723388
112503

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	
2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 39] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets] 3	
5. Oath or Declaration [Total Pages 1 3] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Unsigned (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.	
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	
8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies 	
ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
15. <input type="checkbox"/> Certified copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
16. <input type="checkbox"/> Certified Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other: _____	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: / filed

Prior application information: Examiner: _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	22896	or <input type="checkbox"/> Correspondence address below
Name: Andrew K. Finn Address: Applied Biosystems 850 Lincoln Centre Drive City: Foster City State: California Zip Code: 94404 Country: US Telephone: 650-570-6667 Fax: 650-638-6677		

Name (Print/Type)	Andrew K. Finn	Registration No. (Attorney/Agent)	54,097
Signature	<i>Andrew K. Finn</i>	Date	Nov. 25, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 770.00)

Complete if Known	
Application Number	to be assigned
Filing Date	November 25, 2003 (herewith)
First Named Inventor	DIMSOSKI et al.
Examiner Name	to be assigned
Group Art Unit	to be assigned
Attorney Docket No.	5135 US

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																	
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number <input type="text" value="01-2213"/></p> <p>Deposit Account Name <input type="text" value="Applied Biosystems"/></p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>3. 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SUBMITTED BY			Complete (if applicable)	
Name (Print/Type)	Andrew K. Finn	Registration No. (Attorney/Agent)	54,097	Telephone
Signature	Andrew K. Finn		Date	November 25, 2003

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.